

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 20, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Sam & Louies, 4131 Pioneer Woods Drive #102 requesting a class I liquor license.

Larry Jurgens, owner has requested that he be approved as the manager of the liquor license.

Background information will be omitted as the applicants have been approved on a previous application.

The required training has been taken.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

RECEIVED

NOV 17 2008

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION
(commission will call this person with any questions we may have on this application)

Name _____ Phone number: 640-2447

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Sam & Louie's

Street Address #1 4131 Pioneer Woods Dr, Suite 102

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68506

Premise Telephone number 402-488-4144

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

city

Name Larry Jurgens

Street Address #1 4714 W. High Ridge Rd

Street Address #2 _____

City Lincoln State Ne Zip Code 68522

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

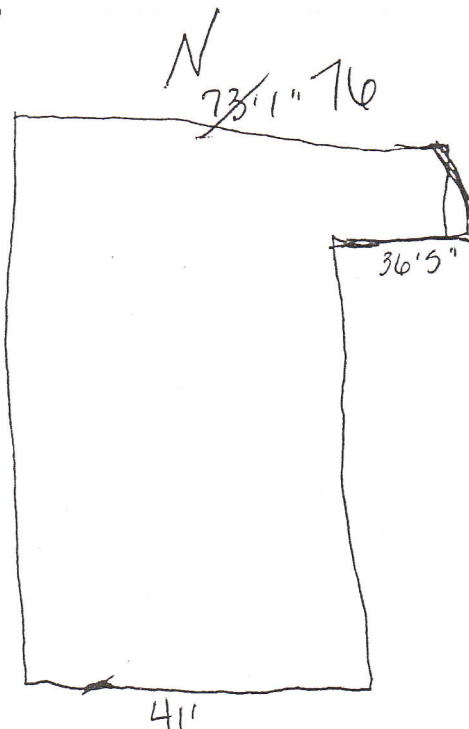
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

no basement
no outdoor area

see attached

one story
irregular shaped
building
approx

64
63'14"



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Pinnacle Bank, Madison, IL

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Pinnacle Bank - Madison/Lincoln-Pine Lake Larry & Mary Jurgens

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application.

Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

LJM Foods Inc DBA Sam & Louie's 1501 Pine Lake Rd, Suite 9 & 10 Lincoln NE 68512
Class 1 78895 Lancaster County

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
<u>Mary Jurgens</u>	<u>10 Jan 2008</u>	<u>RHC - Lincoln, Ne - by Captain Joy Citta</u>

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date Sept 5, 2013 + 90 days
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? December 2008

15. What will be the main nature of business? Pizza restaurant

16. What are the anticipated hours of operation? 11am to 9 or 10pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
<u>Lincoln, Ne</u>	<u>2008</u>	<u>-</u>	<u>Lincoln, Ne</u>	<u>2008</u>	<u>-</u>
<u>Madison, Ne</u>	<u>1977</u>	<u>2008</u>	<u>Madison, Ne</u>	<u>1977</u>	<u>2008</u>

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ Larry J. Jurgens
Signature of Applicant

Mary J. Jurgens
Signature of Spouse

Mary J. Jurgens
Signature of Applicant

Larry J. Jurgens
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 11-7-2008 by

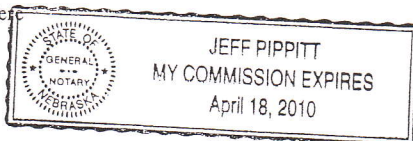
✓ [Signature]
Notary Public signature

County of Lancaster

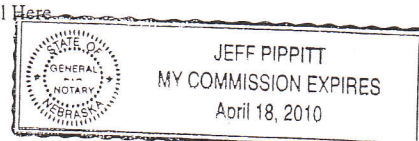
The foregoing instrument was acknowledged before me this 11-7-08 by

✓ [Signature]
Notary Public signature

Affix Seal Here



Affix Seal Here



**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

NOV 17 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course



Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: L & M Foods, Inc

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Sam & Louie's

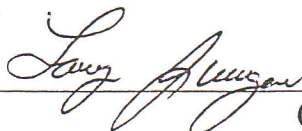
Premise Street Address: 4131 Pioneer Woods Dr, Suite 102

City: Lincoln

Zip Code: 68506

Premise Phone Number: 402-488-4144

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Jurgens First Name: Larry MI: J

Home Address (include PO Box if applicable): 4714 W. High Ridge Rd

City: Lincoln State: Ne Zip Code: 68522

Home Phone Number: 402-261-5097 Business Phone Number: 402-488-4144

Social Security Number: _____ Drivers License Number & State: -NE

Date Of Birth: _____ Place Of Birth: Norfolk, Ne

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Jurgens First Name: Mary MI: L

Social Security Number: _____ Drivers License Number & State: -NE

Date Of Birth: _____ Place Of Birth: Axtell, KS

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>Lincoln, Ne</u>	<u>2008 -</u>	<u>Lincoln, Ne</u>	<u>2008 -</u>
<u>Madison, Ne</u>	<u>1977 2008</u>	<u>Madison, Ne</u>	<u>1977 2008</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>1998 now</u>	<u>Vulcraft</u>	<u>Vern Zingamen</u>	<u>644-8590</u>
<u>1998 1998</u>	<u>Dand Industries</u>	<u>- close</u>	<u>-</u>

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

78895 sam & Louie's

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

on file NOV 1, 2007

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

enclosed

Date:	Where:
10 Jan 08	Hospitality Risk Management - Lincoln, Ne


PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant


Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

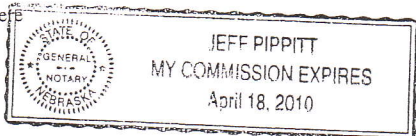
The foregoing instrument was acknowledged before me this 11-7-08 by

The foregoing instrument was acknowledged before me this 11-7-08 by

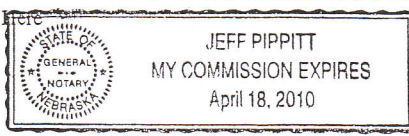

Notary Public signature


Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

09/10/2007

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

NOV 17 2008

NEBRASKA
CONTROL COMMISSION

54 018009

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

PHS-796(VS) REV. 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....	
1. PLACE OF BIRTH a. COUNTY Madison b. CITY (If outside corporate limits, write RURAL) OR TOWN Norfolk c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Our Lady of Lourdes		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Madison c. CITY (If outside corporate limits, write RURAL) OR TOWN Enola d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Larry b. (Middle) Joseph c. (Last) Jurgens		4. SEX Male 5a. THIS BIRTH Single <input type="checkbox"/> Twin <input checked="" type="checkbox"/> Triplet <input type="checkbox"/> 5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input type="checkbox"/> 6. DATE OF BIRTH (Month) (Day) (Year)	
FATHER OF CHILD			
7. FULL NAME a. (First) Lyle b. (Middle) Ernest c. (Last) Jurgens		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Madison	11a. USUAL OCCUPATION <input checked="" type="checkbox"/> Deceased	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Darlene b. (Middle) Elizabeth c. (Last) Weiland		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Madison	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 4 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME—Relationship			
I hereby certify that this child was born alive on the date stated above at 11:54 p.m.		18a. SIGNATURE <i>A.C. McCanahan Jr.</i> 18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) 19. MOTHER'S MAILING ADDRESS Enola, Nebraska	
20. DATE REC'D BY LOCAL REG 8-2-1954		21. REGISTRAR'S SIGNATURE <i>A.R. Boyesen</i>	

CERTIFICATE OF LIVE BIRTH
KANSAS STATE BOARD OF HEALTH
 Division of Vital Statistics

MAY 6 - 1955

Registrar's No. 35

BIRTH NUMBER

55 013325

DO NOT WRITE

IN THIS SPACE

1. PLACE OF BIRTH a. COUNTY <u>Marshall</u> b. TOWNSHIP <u>580</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Kansas</u> b. COUNTY <u>Nebraska</u> <u>660</u>	
c. CITY OR TOWN <u>AXTELL</u> Is PLACE OF BIRTH WITHIN CITY LIMITS? Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sabetha</u> Is PLACE OF RES. WITHIN CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If NOT in hospital or institution, give street address or location) <u>2 HOSPITAL OR INSTITUTION AXTELL Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles 9/4 south.</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Mary</u> b. (Middle) <u>Leonora</u> c. (Last) <u>Lierz</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (this child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Joseph</u> b. (Middle) <u>George</u> c. (Last) <u>Lierz</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (at time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Seneca, Kansas</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Leonora</u> b. (Middle) <u>Henrietta</u> c. (Last) <u>Mecke</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Baileyville, Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>3</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. PARENT: I hereby certify that the information above is correct to the best of my knowledge and belief. Signature <u>Mrs. Joe Lierz</u> Date <u>5-3-55</u>		18a. SIGNATURE <u>Vernon B. Baker</u> 18b. ATTENDANT AT BIRTH M. D. <input type="checkbox"/> Midwife <input checked="" type="checkbox"/> Other (specify) <u>Do</u> 18d. DATE SIGNED <u>4-30-55</u>	
19. DATE REC'D BY LOCAL REG. <u>May 5 - '55</u>		20. REGISTRAR'S SIGNATURE <u>Thos. N. Baker</u>	
		21. DATE ON WHICH GIVEN NAME ADDED By (Registrar)	

RECEIVED

NOV 17 2008

NEBRASKALIQUEUR
CONTROL COMMISSION



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2007 SEP 11 PM 4: 23

Lorne A. Phillips

Lorne A. Phillips, Ph.D.
State Registrar
Office of Vital Statistics
Department of Health & Environment

A03575133

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

NOV 17 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Larry J. Surgens

Name of Corporation that will hold license as listed on the Articles

L & M Foods, Inc

Corporation Address: 1501 Pine Lake Rd

City: Lincoln State: Ne Zip Code: 68512

Corporation Phone Number: 402-420-0195 Fax Number: _____

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Surgens First Name: Larry MI: J

Home Address: 4714 W High Ridge Rd City: Lincoln

State: Ne Zip Code: 68522 Home Phone Number: 402-261-5097

Larry Surgens

Signature of president

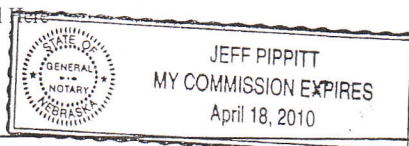
County of Lancaster

The foregoing instrument was acknowledged before me this 7th November 2008 by

[Signature]

Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Jurgens First Name: Larry MI: J
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares: 5,000
Spouse Full Name (indicate N/A if single): Mary L. Jurgens
Spouse Social Security Number: _____ Date of Birth: _____

*signed
prints
on file
BC*

Last Name: Jurgens First Name: Mary MI: L
Social Security Number: _____ Date of Birth: _____
Title: Vice President/Secretary/Treasurer Number of Shares: 5,000
Spouse Full Name (indicate N/A if single): Larry J. Jurgens
Spouse Social Security Number: _____ Date of Birth: _____

*signed
prints on
file
BC*

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: Jan

Ending Date: Dec

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

General Notes	No.	Revision description	Date

Restaurant Design & Development A Division of Lincoln Property 10000 Lincoln Blvd. Lincoln NE 68521 402-477-3757	
Customer Sam and Louie's Lincoln - Pioneer	
Dimensions	
Drawn by PRN	Approved Sheet
Project	
Date 9-15-08	
Sheet D-1	

